FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0076 Expires: December 31, 1996 Estimated average burden hours per response...16.00

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D.

SECTION 4(6), AND/OR

RECEIVED

Serial DATE RECEIVED

SEC USE ONLY

UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (☐ check if this is an ame Senior Secured Convertible Notes	endment and name has	s changed, and indicat	e change.)		
Filing Under (Check box(es) that apply):	☐ Rule 504	□ Rule 505	☑Rule 506	☐ Section 4(6)	□ ULOE
Type of Filing:	☑ Amendment			11767	66
	A. BA	SIC IDENTIFICAT	ION DATA	11 (1)	
1. Enter the information requested about the					
Name of Issuer (check if this is an amend	dment and name has c	hanged, and indicate o	change.)		
Westminster Fund V L.P.	·		· · · · · · · · · · · · · · · · · · ·	·	
Address of Executive Offices	•	d Street, City, State, Z	ip Code)	Telephone Number (Includ	ling Area Code)
270 Westminster, Suite 300, Lake Fo	orest, Illinois 60045			(847)-234-1123	
Address of Principal Business O4perations	(Number and	Street, City, State, Z	ip Code)	Telephone Number (Includ	ing Area Code)
(if different from Executive Offices)					
Brief Description of Business				Į.	
Real estate investment fund				1	PRACESSE
Type of Business Organization					THE SEVEN
□ corporation	☑ limited p	artnership, already for	med	□ other (please specify):	/ APR 162003
□ business trust		artnership, to be form			
Actual or Estimated Date of Incorporation of Jurisdiction of Incorporation or Organizatio State:	C	Month 0 4 ro-letter U.S. Postal Se	Year 0 2 ervice abbreviation		THOMSON Estimated INANCIAL
otate.	CN for Cana	da; FN for other forei	gn jurisdiction)	IL	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Registration D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDEN	TIFICATION DATA		
Each beneficial owEach executive offi	ne issuer, if the issuer ner having the power	has been organized within the to vote or dispose, or direct to rporate issuers and of corpor	the vote or disposition of		class of equity securities of the issuer; ership issuers; and
Check Box(es) that Apply:	☑ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner
Full Name (Last name first, it	findividual)		***		
Westminster Advi	sors V, LLC				
Business or Residence Addre	ss (Number and Street	t, City, State, Zip Code)			
270 Westminster,	Suite 300, Lake Fores	st, Illinois 60045			
Check Box(es) that Apply:	☑ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, it	findividual)				
Robert T.E. Lansi	ng				
Business or Residence Addre	ss (Number and Street	t, City, State, Zip Code)			
270 Westminster,	Suite 300, Lake Fores	t, Illinois 60045			
Check Box(es) that Apply:	☑ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, it		-			
George W. Carrol					
Business or Residence Addre	,				
	Suite 300, Lake Fores				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, it	findividual)				
Business or Residence Addre	ss (Number and Street	t, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, it	findividual)				
Business or Residence Addre	ss (Number and Street	t, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, it	individual)			· <u>- u</u>	
Business or Residence Addres	ss (Number and Street	t, City, State, Zip Code)			

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	`individual)				
Business or Residence Address	ss (Number and Stree	t, City, State, Zip Code)	A		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and Stree	t, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	ss (Number and Street	t, City, State, Zip Code)			

B. INFORMATION ABOUT OFFERING		
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	Yes	No
America des in America Colonia 2 (65% e conde III OF		☑
Answer also in Appendix, Column 2, if filing under ULOE.	¢	25,000¹
2. What is the minimum investment that will be accepted from any individual?	Ф.	25,000
3. Does the offering permit joint ownership of a single unit?	Yes	No
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sale of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.	Ø	
Full Name (Last name first, if individual) N/A		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)	□ All St	
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OF] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WS]	S] R]	[ID] [MO] [PA] [PR]
Full Name (Last name first, if individual) N/A		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)	☐ All Star	tes
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS]	[MÓ]	
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]	[PA] [PR]	
Full Name (Last name first, if individual) N/A		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)	· □ All	States
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS]	[ID] [MO]	
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]	[PA]	
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)	[PR]	· · · · · · · · · · · · · · · · · · ·

13055825.1 02961334

The issuer may accept smaller investments in its sole discretion.

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	\$
	□ Common □ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$ 60,000,000	\$
	Other (Specify:)	\$	\$
	Total	\$60,000,000	\$
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)	·	\$
	Answer also in Appendix, Column 4, if filing under ULOE.		\$
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	•	\$
	Regulation A		S
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	☑	\$_10,000
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify) Filing Fees	☑	\$_7,850
	Total		\$_17,850

-	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND USE	OF	ROC	EEDS	_	
	b. Enter the difference between the aggregate offering pric response to Part C - Question 4.a. This difference is the "a					\$_5	9,982,150.00
5.	Indicate below the amount of the adjusted gross proceeds the amount for any purpose is not known, furnish an estim listed must equal the adjusted gross proceeds to the issuer s	nate and check the box to the left of the estimate.	The				
			-		to Officers, & Affiliates	Payr	nents to Others
	Salaries and fees			\$		\square	\$ 40,000
	Purchase of real estate			\$			\$
	Purchase, rental or leasing and installation of machinery an	nd equipment		\$	···		\$
	Construction or leasing of plant buildings and facilities			\$			\$
	Acquisition of other businesses (including the value of secu used in exchange for the assets or securities of another issu		0	\$			\$
	Repayment of indebtedness (estimated outstanding at closi		\$			\$	
	Working capital		Ø	\$ <u>59.</u>	982,150.00		\$
	Other (specify): Funding Reserve Account			\$			\$
	Column Totals			\$ <u>59</u> ,	982,150.00	\square	\$
	Total Payments Listed (column totals added)				☑ \$59.	982,150	0.00
		D. FEDERAL SIGNATURE					
con	issuer has duly caused this notice to be signed by the und stitutes an undertaking by the issuer to furnish to the U.S. So issuer to any non-accredited investor pursuant to paragraph (ecurities and Exchange Commission, upon writte					
Issu	er (Print or Type):	Signature			Date		
	stminster Fund V L.P. Its General Partner Westminster Advisors V LLC	RIE Lansing Ma	Mal	er	4-10-0	3	
Naı	<u> </u>	Title of Signer (Print or Type)				-	
	ITE LANSING	Manager of General Partner, Weslin inster Adviso	ors V I	LC			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	s notice is filed and understands that the issuer clain	satisfied to be entitled to the Uniform Limited Offering ning the availability of this exemption has the burden of
The issuer has read this notification and knows the authorized person.	contents to be true and has duly caused this notice to	be signed on its behalf by the undersigned duly
Issuer (Print or Type)	Signature	Date
Westminster Fund V L.P. By: Its General Partner Westminster Advisors V LLC	MElansing	4-3-03
Name (Print or Type)	Title (Print or Type)	

E. STATE SIGNATURE

See Appendix, Column 5, for state response.

The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR

The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.

.......

Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions

of such rule?

239.500) at such times as required by state law.

Instruction:

3.

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Manager of General Partner, Westminster Advisors V LLC

Yes

No

abla

APPENDIX

1		2	3			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
	to non-ac	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL			. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					····	
AK									
AZ	<u> </u>								
AR									
CA	<u> </u>	X	Partnership Interests			ļ		 	Х
со									
СТ	-	X	Partnership Interests						Х
DE		Х	Partnership Interests						Х
DC		X	Partnership Interests						X
FL		Х	Partnership Interests						Х
GA		X	Partnership Interests						X
HI	<u> </u>				· · · · · · · · · · · · · · · · · · ·				
ID	ļ								
IL		X	Partnership Interests						X
IN									
IA		X	Partnership Interests						X
KS	ļ								
KY									
LA									
ME									
MD					-				
MA		Х	Partnership Interests						X
MI									
MN		X	Partnership Interests						X
MS	_								
МО									
MT		X	Partnership Interests					1,000	X
NE									
NV									
NH	ļ								
NJ		X	Partnership Interests						X 1072 (1/04)

APPENDIX

1		2	3			4			5	
	to non-a	d to sell ecredited is in State I-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
NM		Х	Partnership Interests		_				Х	
NY		Х	Partnership Interests						Х	
NC		Х	Partnership Interests						Х	
ND			1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				-			
ОН		Х	Partnership Interests						х	
OK										
OR										
PA		х	Partnership Interests						Х	
RI		Х	Partnership Interests						х	
SC		Х	Partnership Interests						х	
SD										
TN		X	Partnership Interests						Х	
TX										
UT										
VT										
VA										
WA										
WV	1									
WI		X	Partnership Interests						Х	
WY										
PR		1								